

NAVY EMPLOYEE REPORT OF UNSAFE OR UNHEALTHFUL WORKING CONDITIONS	
THIS FORM IS PROVIDED FOR THE ASSISTANCE OF AN EMPLOYEE AND IS NOT INTENDED TO CONSTITUTE THE ONLY METHOD BY WHICH A REPORT MAY BE SUBMITTED	
1. THE UNDERSIGNED (CHECK ONE) EMPLOYEE REPRESENTATIVE OF EMPLOYEES BELIVES THAT A VIOLATION OF AN OCCUPATIONAL SAFETY OR HEALTH STANDARD WHICH IS A JOB SAFETY OR HEALTH HAZARD HAS OCCURRED AT A. NAVY INSTALLATION/ACTIVITY AND MAILING ADDRESS B. BUILDING OR WORKSITE WHERE ALLEGED VIOLATION IS LOCATED, INCLUDING ADDRESS 2. NAME AND PHONE NUMBER OF GOVERNMENT SUPERVISOR AT SITE OF VIOLATION	
3. DOES THIS HAZARD IMMEDIATELY THREATEN DEATH OR SERIOUS PHYSICAL HARM? NO YES	
4. BRIEFLY DESCRIBE THE HAZARD WHICH EXISTS INCLUDING THE APPROXIMATE NUMBER OF EMPLOYEES EXPOSED TO OR THREATENED BY SUCH HAZARD 	
5. IF KNOWN, LIST BY NUMBER AND/OR NAME, THE PARTICULAR STANDARD (OR STANDARDS) ISSUED BY THE AGENCY WHICH YOU CLAIM HAVE BEEN VIOLATED 	
6. TO YOUR KNOWLEDGE, HAS THIS VIOLATION BEEN THE SUBJECT OF ANY UNION/ MANAGEMENT GRIEVANCE OR YOU (OR ANYONE YOU KNOW) OTHERWISE CALLED IT TO THE ATTENTION OR, OR DISCUSSED IT WITH, THE GOVERNMENT SUPERVISOR YES (LIST RESULTS, INCLUDING ANY EFFORTS BY MANAGEMENT TO CORRECT VIOLATION) NO	
7. EMPLOYEE NAME (PLEASE PRINT OR TYPE CLEARLY)	8. EMPLOYEE SIGNATURE
9. EMPLOYEE ADDRESS	10. EMPLOYEE PHONE NUMBER
11. MAY YOUR NAME BE REVEALED? NO YES	12. ARE YOU A REPRESENTATIVE OF EMPLOYEES? NO YES (LIST ORGANIZATION NAME)
13. DATE FILED:	

REPORT A HAZARD

NAVAL SUPPORT ACTIVITY, NEW ORLEANS POLICY FOR REPORTING A HAZARD

1. ALL EMPLOYEES ARE ENCOURAGED TO ORALLY REPORT UNSAFE OR UNHEALTHFUL WORKING CONDITIONS TO THEIR IMMEDIATE SUPERVISOR.

2. ANY EMPLOYEE OR EMPLOYEE REPRESENTATIVE MAY SUBMIT A WRITTEN REPORT ON AN UNSAFE OR UNHEALTHFUL WORKING CONDITION DIRECTLY TO THIS COMMAND'S SAFETY OFFICE, USING THIS FORM, OR OPNAV 5100/11. EMPLOYEES WHO WISH TO REMAIN ANONYMOUS SHOULD SO INDICATE ON THE FORM.

3. DISCREPANCIES MAY ALSO BE REPORTED ORALLY TO THE SAFETY OFFICE BY DIALING 678-2201 OR 678-2202.

INSTRUCTIONS FOR NAVY EMPLOYEE REPORT OF UNSAFE OR UNHEALTHFUL WORK CONDITIONS

1. YOUR NAME OR NAME OF PERSON REPRESENTING YOU.
 - A. INSTALLATION/ACTIVITY AND MAILING ADDRESS
 - B. BUILDING NUMBER OR NAME OF THE WORKSITE WHERE VIOLATION EXISTS
2. NAME AND PHONE NUMBER OF THE SUPERVISOR IN CHARGE OF THE SITE OF VIOLATION
3. ANSWER YES ONLY IF THIS HAZARD IMMEDIATELY THREATENS DEATH
4. DESCRIBE THE CONDITIONS THAT CAUSE THE HAZARD
5. NAME THE STANDARD, WHICH HAS BEEN VIOLATED, IF KNOWN
6. NAME OF THE UNION REPRESENTATIVE, IF CONTACTED OR OTHERS REPORTING THE HAZARD
7. YOUR NAME, PRINTED OR TYPED
8. YOUR SIGNATURE
9. YOUR ADDRESS
10. YOUR PHONE NUMBER
11. STATE IF YOU WISH FOR YOUR NAME TO BE WITHHELD
12. STATE IF YOU REPRESENT OTHER EMPLOYEES
13. DATE YOU ARE FILING THE FORM

ONCE COMPLETED, FAX TO THE SAFETY OFFICE AT 678-2758.